

## WELLNESS RECOVERY ACTION PLAN (Farsi)

<b>DATE &amp; TIME:</b>	<b>January 26, 2016</b>	<b>9:00 AM - 4:00 PM</b>
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*All registration is completed on the Learning Net prior to the training. Sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be admitted.*

<b>PLACE:</b>	<b>Gain IV 3833 S. Vermont Avenue, Large Conference Room Los Angeles, CA 90037</b>
<b>PARKING:</b>	<b>Parking is free in facility lot</b>

This training will be conducted in Farsi. The Wellness Recovery Action Plan (WRAP) is a tool used to monitor, reduce and eliminate physical or emotional symptoms. It is used as a relapse prevention tool consumers use to promote wellness and recovery on a daily basis. This training will focus on WRAP modules that include: wellness toolbox, daily maintenance plan, relapse triggers, crisis planning, identifying supporters and supporter tasks, identifying health care providers, and recognizing recovery. Upon completion of this training, attendees will be able to guide consumers develop WRAP.

**TARGET AUDIENCE: DMH Employees, Contractors and Consumers**

<b>OBJECTIVES:</b>	<b>As a result of attending this training, participants should be able to:</b> <ol style="list-style-type: none"><li>1. Complete a Wellness Toolbox.</li><li>2. Name the components of WRAP.</li><li>3. Discuss ways to assist consumers identify and alleviate triggers.</li><li>4. Explain the components of Crisis Planning.</li><li>5. Discuss what is involved in post crisis planning.</li></ol>
<b>CONDUCTED BY:</b>	<b>Fahimeh Mani, IMCES</b>
<b>COORDINATED BY:</b>	<b>Janice Friend, Training Coordinator</b> <b>E-mail: <a href="mailto:jfriend@dmh.lacounty.gov">jfriend@dmh.lacounty.gov</a></b>
<b>DEADLINE:</b>	<b>When maximum capacity is reached</b>
<b>CONTINUING EDUCATION:</b>	<b>NONE</b>
<b>COST</b>	<b>NONE</b>

DMH Employees register at:  
<http://learningnet.lacounty.gov>

Contract Providers complete  
attached training application

☒ Cultural Competency ☐ Pre-licensure ☐ Law and Ethics ☐ Clinical Supervision ☒ General



**County of Los Angeles Department of Mental Health**  
**NON-DMH STAFF TRAINING APPLICATION FORM**  
**Please Print or Type**



**Instructions**

Each individual must complete a separate application form for each training he/she wishes to attend. Please complete the application in full. Applications will not be processed with incomplete or inaccurate information. Notification of registration confirmation for a training will be provided by the training coordinator. Unless otherwise specified, walk-in registrations will not be admitted.

For trainings, sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be permitted.

*This form is not to be used for LPS Designation Training. The LPS Application is available at [lacdmh.lacounty.gov/training&workforce.html](http://lacdmh.lacounty.gov/training&workforce.html).*

Training Title  
 (as in DMH bulletin) **Wellness Recovery Action Plan (FARSI)**

Date(s) **January 26, 2016**

Training

Coordinator

**Janice Friend**

County Employee Number

*(non-county employees supply the last four digits of the SSN)*

Name

Program, Service or  
Agency

Job Title

Address

City

Zip Code

Telephone

Email

**License or Credential Number(s)** (complete as many as applicable)

CAADAC

LCSW

LPT

LVN

MD

MFT

Psychologist

RN

Supervisor's Approval (Applications will not be processed if not signed by supervisor)

For processing, please return Application to:

**LAC-DMH**  
**Program Support Bureau – W.E.T.**  
**695 S. Vermont Ave., Ste. 1500**  
**Los Angeles, CA 90005**

Print Supervisor Name

Supervisor's Signature

**Fax: (213) 252-8775**

**Phone: (213) 251-6854**

**Email: [Jfriend@dmh.lacounty.gov](mailto:Jfriend@dmh.lacounty.gov)**

*(When faxing, there is no need to use a cover sheet)*